Contract Information
Contract No: PW 2009-020 Project Title: Maple Leaf Reservoir
Federal-Aid No.: Award Amount : Begin Const. Date:
County: SR No Beg MP End MP
Reporting Period
From Date: 12-1-09 To Date: 12-31-09
Contractor Information
Firm Name: Best Parking lot Cleaning Inc.
Address: PD BOX 159 City: Sumner State: WA Zip Code: 98390
Phone: 253 863'3330 Mail Address:
Employee Information
Number of Existing Employees:
Number of New Employees:
Total Number of Employees:
Hours Worked by Existing Employees: 24.25
Hours Worked by New Employees:
Total Hours Worked by Employees:
Wages Paid to Existing Employees: 5 1013 167
Wages Paid to New Employees:
Total Wages Paid to Employees:
Preparation/Certification Information
I, the undersigned, hereby certify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature) Maly Maly Date:
Title: Pronsedge
Reviewed & Certified By (Signature) Title: Date:
\mathcal{L}

Contract Information	HOS BROS. CONSTRUCTION
Contract No: [W2009-02] Project Title: Maple Leaf	Reservoir
Federal-Aid No.: Award Amount :	Begin Const. Date:
County: King SR No Beg MP	End MP
Reporting Period	
From Date: 1-1-10 To Date: 1-3	1-10
Contractor Information	
Firm Name: Best parking Lot Cleaning 7	enc
Address: PO Box 159 City: Summer	State: WA Zip Code: 98390
Phone: 263 863-3330 Mail Address:	
Employee Information	·
Number of Existing Employees:	
Number of New Employees:	
Total Number of Employees:	
Hours Worked by Existing Employees: 18.75	
Hours Worked by New Employees:	
Total Hours Worked by Employees:	
Wages Paid to Existing Employees:	
Wages Paid to New Employees:	
Total Wages Paid to Employees:	\$7
Preparation/Certification Information	***
I, the undersigned, hereby certify that the information presented in	this report is correct and complete.
Prepared & Certified By: (Signature)	Date: 2.5.10
Title: Material	
Reviewed & Certified By (Signature)	Date:
Title:	

S BROS. CONSTRUCTION Contract Information	HDS -Job# 1643
Contract No: PW2009-020	Project Title: SEATTLE RESERVOIR BURYING PROGRAM- MAPLE LEAF RESERVOIR
Federal-Aid No.:	Award Amount : Begin Const. Date:
County: KING	SR No Beg MP End MP
From	Reporting Period Date: 0.23.09 To Date: 10.27.09
L Contractor Information	
Firm Name:	EVERSON'S ECONO-VAC, INC.
Address: P.O. BO	OX 428 City: SUMNER State: Zip Code: 98390
Phone: (253) 826-5	Mail Address: ALEXSISS@EVERSONS-ECONOVAC.COM
Employee Information	
Number of Existing Employees:	6
Number of New Employees:	0
Total Number of Employees:	
Hours Worked by Existing Empl	oyees: 49
Hours Worked by New Employee	es:
Total Hours Worked by Employe	es:
Wages Paid to Existing Employe	es: 1853.89
Wages Paid to New Employees:	
Total Wages Paid to Employees:	\$53.89
Preparation/Certification In	nformation
I, the undersigned, here	by certify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signatur	2) Date: [1.14.10]
Title	: OFFICE ASSISTANT
Reviewed & Certified By (Signatur	
Title	

Contract Information		HOS -JOB# 1643
Contract No: PW2009-020 Project	Title: SEATTLE RESERVOIR BURYIN	NG PROGRAM- MAPLE LEAF RESERVOIR
Federal-Aid No.:	Award Amount:	Begin Const. Date:
County: KING	SR No Beg MP	End MP
	Reporting Period	
From Date: 0	28.09 To Date: 11.24	i·09
Contractor Information		
Firm Name:	EVERSON'S ECONO-VAC, I	NC.
Address: P.O. BOX 428	City: SUMNER	State: Zip Code: 98390
Phone: (253) 826-5851	Mail Address: ALEXSISS@EVER	RSONS-ECONOVAC.COM
Employee Information		
Number of Existing Employees:	6	
Number of New Employees:	0	
Total Number of Employees:	6	
Hours Worked by Existing Employees:	Ø	. m 15
Hours Worked by New Employees:	Ø	NO WORK
Total Hours Worked by Employees:	Ø	PERFORMED
Wages Paid to Existing Employees:	Ø	LTW Owner
Wages Paid to New Employees:	Ø	
Total Wages Paid to Employees:		
Preparation/Certification Informati	on	
I, the undersigned, hereby certify	that the information presented in the	his report is correct and complete.
Prepared & Certified By: (Signature)	Donling	Date: 1.14.10
Títle:	OFFICE ASSISTANT	
Reviewed & Certified By (Signature)		Date:
Title:		

Contract Information		HOS-Job# 1643			
Contract No: PW2009-020 Project T	itle: SEATTLE RESERVOIR BURYIN	IG PROGRAM- MAPLE LEAF RESERVOIR			
Federal-Aid No.:	Award Amount:	Begin Const. Date:			
County: KING S	SR No Beg MP	End MP			
From Date: 11-	Reporting Period From Date: 11.25.09 To Date: 12.22.09				
Contractor Information					
Firm Name:	EVERSON'S ECONO-VAC, II	NC.			
Address: P.O. BOX 428	City: SUMNER	State: Zip Code: 98390			
Phone: (253) 826-5851	Mail Address: ALEXSISS@EVER	SONS-ECONOVAC.COM			
Employee Information					
Number of Existing Employees:	6				
Number of New Employees:	0				
Total Number of Employees:	6				
Hours Worked by Existing Employees:	Ø	NO WORK			
Hours Worked by New Employees:	Ø	PERFORMEN			
Total Hours Worked by Employees:	Ø	The state of the s			
Wages Paid to Existing Employees:	Ø				
Wages Paid to New Employees:	Ø				
Total Wages Paid to Employees:	\mathcal{J}				
Preparation/Certification Information					
I, the undersigned, hereby certify	that the information presented in th	nis report is correct and complete.			
Prepared & Certified By: (Signature)	Darlos	Date: 1.14.10			
Title:	OFFICE ASSISTANT				
Reviewed & Certified By (Signature)		Date:			
Title:		· ·			

Contract III	Hormation		HUS JOB* 1043
Contract No:	PW2009-020 Project 1	Fitle: SEATTLE RESERVOIR	BURYING PROGRAM- MAPLE LEAF RESERVOIR
Federal-Aid ?	No.:	Award Amount:	Begin Const. Date:
County:	KING	SR No Beg I	MP End MP
		Reporting Period	
	From Date: 12	· 23 · 09 To Date:	1.26.10
Contractor I	Information		-
Firm Name:		EVERSON'S ECON	IO-VAC, INC.
Address:	P.O. BOX 428	City: SUMNI	JER State: Zip Code: 98390
Phone:	(253) 826-5851	Mail Address: ALEXSISS	S@EVERSONS-ECONOVAC.COM
Employee I	nformation		
Number of Ex	sisting Employees:	6	
Number of Ne	ew Employees:	0	
Total Number	of Employees:	6	
Hours Worked	d by Existing Employees:	Ø	NO WORK
Hours Worked	d by New Employees:		<u> </u>
Total Hours W	Vorked by Employees:	Ø	PERFORMED
Wages Paid to	Existing Employees:		
Wages Paid to	New Employees:		
Total Wages P	aid to Employees:		
Preparation/	Certification Informati	on	
I, the ur	ndersigned, hereby certify	that the information presen	nted in this report is correct and complete.
	rtified By: (Signature)	ground	Date: 2 · 2 · 10
	Title:	OFFICE ASSISTAN	IT
Reviewed & C	ertified By (Signature)		Date:
	Title:		

C+	wast	Infor	mation
Cont	raci	THILL	manon

intract Information
ontract No: PW 2009-020 Project Title: SEATTLE RESERVOIR BURYING PROGRAM-MAPLE LEAF RESERVOIR
ederal-Aid No.: N/A Award Amount : \$29,996,992.83 Begin Const. Date: 09/08/2009
ounty: KING SR No N/A Beg MP N/A End MP N/A
Reporting Period
From Date: 09/08/2009 To Date: 10/23/2009
ntractor Information
Firm Name: Ferguson Construction Inc
Address: 7433 5th Avenue South City: Seattle State: WA Zip Code: 98108
Phone: (206) 767-3810 Mail Address: P.O. BOX 80867, SEATTLE, WA 98108
nployee Information
lumber of Existing Employees:
Number of New Employees:
otal Number of Employees:
dours Worked by Existing Employees:
Hours Worked by New Employees:
otal Hours Worked by Employees:
Vages Paid to Existing Employees: \$0.00
Wages Paid to New Employees: \$1,790.78
otal Wages Paid to Employees:
reparation/Certification Information
I, the undersigned, hereby certify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature) Title: CHRIS JANSSEN, CONTROLLER Date: 11/02/2009
Reviewed & Certified By (Signature) Date: 11/02/2009
Title: Gary Bennett, Vice President/CFO

Contract Information					
Contract No: PW 2009-020 Project	Title: SEATTLE RES	ERVOIR BURYI	NG PROGRAM-I	MAPLE LEAF	RESERVOIR
Federal-Aid No.: N/A	Award Amount : \$2	29,996,992.83	Begin Co	onst. Date:	09/08/2009
County: KING	SR No N/A	Beg MP	N/A	End MP	N/A
	Reporting	Period			·
From Date: 1	0/24/2009 To I	Date: 11/27/	2009		
Contractor Information					
Firm Name:	Ferguso	on Construction	Inc		
Address: 7433 5th Avenue So	uth City:	Seattle	State: WA	Zip Code:	98108
Phone: (206) 767-3810	Mail Address:	P.O.	BOX 80867		-
Employee Information					
Number of Existing Employees:	1	'			
Number of New Employees:	0				
Total Number of Employees:					
Hours Worked by Existing Employees:	0				
Hours Worked by New Employees:	0				
Total Hours Worked by Employees:	. 0				
Wages Paid to Existing Employees:	\$0.00				
Wages Paid to New Employees:	\$0.00				
Total Wages Paid to Employees:					
Preparation/Certification Informat	ion				
I, the undersigned, hereby certif	y that the information	n presented in	this report is co	orrect and co	mplete.
Prepared & Certified By: (Signature)	(liv	/ · · · · · · · · · · · · · · · · · · ·		Date: 12	2/03/2009
Title:	CHRIS JANSSEN	, ¢ØNTROLL	.ER		
Reviewed & Certified By (Signature) Title:	Gary Bennett, Vic	9 President/C		Date: 12	2/03/2009
Tiue.	Cary Delinett, VICI	e riesidelli/C	, - 0		

Contract Information	
Contract No: PW 2009-020 Project Title:	SEATTLE RESERVOIR BURYING PROGRAM-MAPLE LEAF RESERVOIR
Federal-Aid No.: N/A Awa	rd Amount: \$29,996,992.83 Begin Const. Date: 09/08/2009
County: KING SR N	No N/A Beg MP N/A End MP N/A
	Reporting Period
From Date: 12/04	1/2009 To Date: 12/25/2009
Contractor Information	·
Firm Name:	Ferguson Construction Inc
Address: 7433 5th Avenue South	City: Seattle State: WA Zip Code: 98108
Phone: (206) 767-3810	Mail Address: P.O. BOX 80867
Employee Information	
Number of Existing Employees:	1
Number of New Employees:	1
Total Number of Employees:	
Hours Worked by Existing Employees:	43
Hours Worked by New Employees:	69
Total Hours Worked by Employees:	
Wages Paid to Existing Employees:	\$1,331.28
Wages Paid to New Employees:	\$2,625.46
Total Wages Paid to Employees:	Andrew Control of the
Preparation/Certification Information	
I, the undersigned, hereby certify that	at the information presented in this report is correct and complete.
Prepared & Certified By: (Signature)	Date: 01/04/2010
Title: CHI	RIS JANSSEN, CONTROLLER
Reviewed & Certified By (Signature)	ry Bennett, Vice President/CFO
Title: Gar	y Demiett, vice Presidentoi O

Commet milet		·		
Contract No:	PW 2009-020 Project 3	Title: SEATTLE RESERVOIR BURYING PROGRAM-MAPLE LEAF RESERV	VOIR	
Federal-Aid No.:	N/A	Award Amount: \$29,996,992.83 Begin Const. Date: 09/08/20	09	
County:	KING	SR No N/A Beg MP N/A End MP N/A		
		Reporting Period		
	From Date: 12	2/26/2009 To Date: 01/22/2010		
Contractor Info	ormation			
Firm Name:		Ferguson Construction Inc		
Address:	7433 5th Avenue Soi	uth City: Seattle State: WA Zip Code: 98108	8	
Phone:	(206) 767-3810	Mail Address: P.O. BOX 80867		
Employee Info	ormation			
Number of Existi	ing Employees:	2		
Number of New I	Employees:	9		
Total Number of	Employees:			
Hours Worked by	Existing Employees:	288		
Hours Worked by	New Employees:	324		
Total Hours Worl	ked by Employees:	612		
Wages Paid to Ex	xisting Employees:	\$9,880.72		
Wages Paid to No	ew Employees:	\$10,971.31		
Total Wages Paid	to Employees:	\$20,852.03		
Preparation/Certification Information				
I, the unde	ersigned, hereby certif	ty that the information presented in this report is correct and complete.	<u> </u>	
Prepared & Certif	ried By: (Signature)	Chris Janssen Controller	10	
Reviewed & Cert	ified By (Signature)	Date: 01/29/20	10	
	Title:	Gary Berinett, Vice President/CFO		

Contract Information Contract No: | PW 2009-020 Project Title: Seattle Reservoir Burying Program-Maple Leaf Reservoir Federal-Aid No.: N/A \$29,996,992.83 09/08/2009 Award Amount: Begin Const. Date: King N/A County: SR No Beg MP End MP Reporting Period 12/01/2009 From Date: To Date: 12/31/2009 Contractor Information Firm Name: Hos Bros. Construction, Inc. Address: 7733 W. Bostian Rd. City: Woodinville State: Zip Code: 98072 Phone: (425) 481-5569 Mail Address: PO Box 1788 Woodinville, WA 98072 **Employee Information** 60 Number of Existing Employees: Number of New Employees: 0 60 Total Number of Employees:

Number of New Employees: Total Number of Employees: Hours Worked by Existing Employees: Hours Worked by New Employees: Total Hours Worked by Employees: Total Hours Worked by Employees: Wages Paid to Existing Employees: \$196,950.60 Total Wages Paid to Employees: \$196,950.60

Preparation/Certification Information

I, the undersigned, hereby	certify that the information presented in this report is	correct and complete.
Prepared & Certified By: (Signature)		Date:
Title:		
Reviewed & Certified By (Signature)	16: 51A Cho	Date: 1/12/10
Title:	SR. PROTECT MINABOR	* · · · · · · · · · · · · · · · · · · ·

Contract No: PW 2009-020 Project	Title: Seattle Reservoir Burying Program - Maple Leaf Reservoir
Federal-Aid No.: N/A	Award Amount: \$29,996,992.83 Begin Const. Date: 09/08/2009
County: King	SR No Beg MP End MP
	Reporting Period
From Date: 01	101 12010 To Date: 01/31/7010
Contractor Information	
Firm Name: HOS P	SRUS. CONSTRUCTION, INC.
Address: 7733 W. BOST	
Phone: 425 481-5569	Mail Address: PO BOX 1786 WOODWILL WA
Employee Information	
Number of Existing Employees:	60
Number of New Employees:	Ø
Total Number of Employees:	₹60 *
Hours Worked by Existing Employees:	1855.67
Hours Worked by New Employees:	B
Total Hours Worked by Employees:	185567
Wages Paid to Existing Employees:	152710,89
Wages Paid to New Employees:	Ø
Total Wages Paid to Employees:	52,710,89
reparation/Certification Informati	On
I, the undersigned, hereby certify	that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature)	Date: 01/31/kg
	ROJECT ENGINGER
Reviewed & Certified By (Signature)	Date:
Title:	

Contract No: Project	Title: SEATTLE RESERVOIR BURYING PROGRAM MAPLE LEAF RESERVOIR			
Federal-Aid No.:	Award Amount: Begin Const. Date:			
County:	SR No Beg MP End MP			
	Reporting Period			
From Date:	01/01/2010 To Date: 01/31/2010			
Contractor Information				
Firm Name:	MCCLONE CONSTRUCTION COMPANY			
Address: PO BOX 4620	City: EL DORADO HILLS State: Zip Code: 95762			
Phone: (916) 358-5495	Mail Address: PO BOX 4620, EL DORADO HILLS, CA 95762			
Employee Information				
Number of Existing Employees:	0			
Number of New Employees:	8			
Total Number of Employees:	8			
Hours Worked by Existing Employees:	0			
Hours Worked by New Employees:	118			
Total Hours Worked by Employees:	118			
Wages Paid to Existing Employees:	\$0.00			
Wages Paid to New Employees:	\$5,306.33			
Total Wages Paid to Employees:	\$5,306.33			
Preparation/Certification Information				
I, the undersigned, hereby cert	tify that the information presented in this report is correct and complete.			
Prepared & Certified By: (Signature)	Date: 02/25/2010			
Title:	PAÝROLL ADMINISTRATOR			
Reviewed & Certified By (Signature)	Date: 02/25/2010			
Title:	ACCOUNT RECEIVABLE			

COUDEHS

johnbe ferguson construction.com

American Recovery and Reinvestment Act(ARRA) (Monthly Report of New and Existing Employees)

Contract Information PW 2009-020 | Project Title: Seattle Reservoir Burying Program - Maple Leaf Reservoir 09/08/2009 \$29,996,992.83 N/A Award Amount: Begin Const. Date: Federal-Aid No.: King End MP Beg MP SR No County: Reporting Period To Date: 1-23-10 From Date: 12 27-09. **Contractor Information** Firm Name: FOCKEC COOST SEC 5 Hundryconknedcity: San Drago State: OA Zip Code: 08183 Address: 8)737-7613 Mail Address: ann. finne pcogpicom. Phone: **Employee Information** Number of Existing Employees: Number of New Employees: 34 <u>384</u> Total Number of Employees: 107.5 Hours Worked by Existing Employees: **⊕** Hours Worked by New Employees: (A)075 Total Hours Worked by Employees: 4004,81 Wages Paid to Existing Employees: Wages Paid to New Employees: 1304004.64 Total Wages Paid to Entployees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. mot 7m Date: 12-8-10 Prepared & Certified By: (Signature) Date: Reviewed & Certified By (Signature) Tide:



johnbeferguson construction.com.

American Recovery and Reinvestment Act(ARRA) (Monthly Report of New and Existing Employees)

Contract Information Contract No: | PW 2009-020 Seattle Reservoir Burying Program - Maple Leaf Reservoir Project Title: N/A \$29,996,992.83 Federal-Aid No .: Award Amount: 09/08/2009 Begin Const. Date: King County: Beg MP SR No End MP Reporting Period From Date: 11-22-09 To Date: 12-26-09 Contractor Information Pacific Coast Sec Firm Name: undry converted city: Sandrago State: OA Zip Code: 92123 Address: Phone: 58)737-7613 Mail Address: **Employee Information** Number of Existing Employees: \ominus Number of New Employees: Total Number of Employees: 0 7.5 Hours Worked by Existing Employees: 0 Hours Worked by New Employees: 0 Total Hours Worked by Employees: 318 75 Wages Paid to Existing Employees: 0 Wages Paid to New Employees: \$0.00 % Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Date: 11-20-10 Date: Reviewed & Certified By (Signature) Title:

Reporting Period From Date: 01/01/2010 To Date: 01/31/2010	Contract information	
County: King SR No N/A Beg MP End MP Reporting Period From Date: 01/01/2010 To Date: 01/31/2010 Contractor Information Firm Name: Schaefer's Mobile Welding Address: 22521 Echo Lake Road City: Snohomish State: Zip Code: 98296 Phone: (425) 486-9006 Mail Address: 22521 Echo Lake Road, Snohomish WA 98296 Employee Information Number of Existing Employees: 0 Total Number of Employees: 0 Hours Worked by Existing Employees: 0 Total Hours Worked by Employees: \$2,601.00 Wages Paid to Exployees: \$2,601.00 Wages Paid to Employees: \$2,601.00 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Oc-Owner Reviewed & Certified By (Signature) Date:	Contract No: PW 2009-020 Project T	itle: Seattle Reservoir Burying Program-Maple Leaf Reservoir
Reporting Period From Date: 01/01/2010 To Date: 01/31/2010 Contractor Information Firm Name: Schaefers Mobile Welding Address: 22521 Echo Lake Road City: Snohomish State: Zip Code: 98296 Phone: (425) 486-9008 Mail Address: 22521 Echo Lake Road, Snohomish WA 98296 Employee Information Number of Existing Employees: 1 Number of New Employees: 0 Total Number of Employees: 21 Hours Worked by Existing Employees: 21 Hours Worked by New Employees: \$2,601.00 Wages Paid to Existing Employees: \$2,601.00 Wages Paid to Employees: \$2,601.00 Preparation/Certification Information 1, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: On-Owner Reviewed & Certified By (Signature) Date: 01/04/2010	Federal-Aid No.: N/A	Award Amount: \$29,996,992.83 Begin Const. Date: 09/08/2009
From Date: 01/01/2010 To Date: 01/31/2010 Contractor Information Firm Name: Schaefer's Mobile Welding Address: 22521 Echo Lake Road City: Snohomish State: Zip Code: 98296 Phone: (425) 486-9006 Mail Address: 22521 Echo Lake Road, Snohomish WA 98296 Employee Information Number of Existing Employees: 1 Number of New Employees: 0 Total Number of Employees: 21 Hours Worked by Existing Employees: 0 Total Hours Worked by Existing Employees: 32,601.00 Wages Paid to Existing Employees: \$0.00 Total Wages Paid to Employees: \$2,601.00 Wages Paid to Employees: \$0.00 Total Wages Paid to Employees: \$0.00 Total Wages Paid to Employees: \$2,601.00 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Reviewed & Certified By (Signature) Date: 01/04/2010	County: King S	SR No N/A Beg MP End MP
Firm Name: Scheefer's Mobile Weldling Address: 22521 Echo Lake Road City: Snohomlsh State: Zip Code: 98296 Phone: (425) 486-9006 Mail Address: 22521 Echo Lake Road, Snohomlsh WA 98296 Employee Information Number of Existing Employees: 1 Number of New Employees: 0 Total Number of Employees: 21 Hours Worked by Existing Employees: 0 Total Hours Worked by Employees: 21 Hours Worked by Employees: \$2,601.00 Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$2,601.00 Preparation/Certification Information 1, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Pale: Date: Date: Date:		Reporting Period
Firm Name: Address: 22521 Echo Lake Road City: Snohomish State: Zip Code: 98296 Phone: (425) 486-9006 Mail Address: Employee Information Number of Existing Employees: 1 Number of Employees: 1 Hours Worked by Existing Employees: 1 Hours Worked by New Employees: 0 Total Hours Worked by Employees: 421 Hours Worked by Employees: 52,601.00 Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$2,601.00 Total Wages Paid to Employees: \$2,601.00 Date: Ol/04/2010 Title: Co-Owner Date: Date: Date: Date:	From Date: 0	1/01/2010 To Date: 01/31/2010
Address: 22521 Echo Lake Road City: Snohomish State: Zip Code: 98296 Phone: (425) 486-9006 Mail Address: 22521 Echo Lake Road, Snohomish WA 98296 Employee Information Number of Existing Employees: 1 Number of New Employees: 0 Total Number of Employees: 21 Hours Worked by Existing Employees: 0 Total Hours Worked by New Employees: 0 Total Hours Worked by Employees: 23 Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$0.00 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Date: 01/04/2010 Title: Co-Owner Reviewed & Certified By (Signature) Date: Date: Date: Co-Owner	Contractor Information	
Phone: (425) 486-9006 Mail Address: 22521 Echo Lake Road, Snohomish WA 98296 Employee Information Number of Existing Employees: 1 Number of New Employees: 0 Total Number of Employees: 21 Hours Worked by Existing Employees: 0 Total Hours Worked by New Employees: 0 Total Hours Worked by Employees: \$2,601.00 Wages Paid to Existing Employees: \$0.00 Total Wages Paid to New Employees: \$0.00 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Date: 01/04/2010 Title: Co-Owner Reviewed & Certified By (Signature) Date: Date: Date:	Firm Name:	Schaefer's Mobile Welding
Employee Information Number of Existing Employees: 1 Number of New Employees: 0 Total Number of Employees: 21 Hours Worked by Existing Employees: 0 Total Hours Worked by New Employees: 21 Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$0.00 Total Wages Paid to Employees: \$0.00 Total Wages Paid to Employees: \$0.00 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature)	Address: 22521 Echo Lake Road	City: Snohomish State: Zip Code: 98296
Number of Existing Employees: 1	Phone: (425) 486-9006	Mail Address: 22521 Echo Lake Road, Snohomish WA 98296
Number of New Employees: Total Number of Employees: Hours Worked by Existing Employees: Total Hours Worked by New Employees: Under Hours Worked by Employees: Vages Paid to Existing Employees: Vages Paid to New Employees: Vages Paid to New Employees: Vages Paid to Employees: Vages Paid to New Employees: Vages Paid	Employee Information	
Total Number of Employees: Hours Worked by Existing Employees: Total Hours Worked by New Employees: O Total Hours Worked by Employees: Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$2,601.00 Total Wages Paid to Employees: \$2,601.00 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Date: Date: Date:	Number of Existing Employees:	1
Hours Worked by Existing Employees: O Total Hours Worked by Employees: Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$0.00 Total Wages Paid to Employees: \$2,601.00 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Date: Date:	Number of New Employees:	0
Hours Worked by New Employees: Total Hours Worked by Employees: Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$2,601.00 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Date: Date:	Total Number of Employees:	
Total Hours Worked by Employees: Wages Paid to Existing Employees: \$2,601.00 Wages Paid to New Employees: \$2,601.00 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: C6-Owner Date: Date:	Hours Worked by Existing Employees:	21
Wages Paid to Existing Employees: Wages Paid to New Employees: Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Date: Date:	Hours Worked by New Employees:	0
Wages Paid to New Employees: Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Reviewed & Certified By (Signature) Date: Date:	Total Hours Worked by Employees:	21
Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Date: Date:	Wages Paid to Existing Employees:	\$2,601.00
Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Date: Date:	Wages Paid to New Employees:	\$0.00
I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: Co-Owner Date: Date:	Total Wages Paid to Employees:	\$2,601,000
Prepared & Certified By: (Signature) Title: Co-Owner Date: 01/04/2010 Date: 01/04/2010	Preparation/Certification Informat	ion
Title: Co-Owner Reviewed & Certified By (Signature) Date:	I, the undersigned, hereby certify	y that the information presented in this report is correct and complete.
Reviewed & Certified By (Signature) Date:	1 · · · · · · · · · · · · · · · · · · ·	
The following by (signaling)	Title:	
litle:	l	Date:
	Title:	

American Recovery and Reinvestment Act(ARRA)

(Monthly Report of New and Existing Employees) **Contract Information**

Contract No:	Pro	oject Title:	***************************************	Maple	Leaf Reserv	oir	
Federal-Aid N	Jo.:	Award Am	ount ;		Begin (Const. Date:	
County:		SR No		Beg MP		End MP	
			Reporting	g Period			
	From Date: 12/01/2009 To Date: 12/31/2009						
Contractor I	nformation						
Firm Name:			Herma	inson Company, LLP			
Address:	1221 2nd Ave	N C	ity:	Kent	State:	Zip Code:	98374
Phone:	(253) 796-5835	Mail	Address:	dgarner@l	hermanson.co	m	
Employee I	nformation						
Number of Ex	isting Employees:		2				
Number of Ne	w Employees:		1				
Total Number	of Employees:						
Hours Worked	by Existing Employee	s:	186				
Hours Worked	by New Employees:		31				
Total Hours W	orked by Employees:		17				
Wages Paid to	Existing Employees:		\$12,579.0	0			
Wages Paid to	New Employees:		\$6,838.00	0			
Total Wages P	aid to Employees:		6 19 / 17 (iõ			
Preparation/Certification Information							
I, the undersigned, hereby certify that the information presented in this report is correct and complete.							
Prepared & Ce	rtified By: (Signature)	L Die	eu	Som		Date: 2	-22-7010
	Title:	Dale W.	Garner, A	ssistant Controlle	r l		
Reviewed & C	ertified By (Signature)	Keethy/		mson		Date: Z	-22-10
	Title:	∦athy∃	Dickinson,	Payroll Manager			

Contract No: Project	Title: Maple Leaf Reservoir			
Federal-Aid No.:	Award Amount : Begin Const. Date:			
County:	SR No Beg MP End MP			
	Reporting Period			
From Date:	10/01/2009 To Date: 10/31/2009			
Contractor Information				
Firm Name:	Hermanson Company, LLP			
Address: 1221 2nd Ave N	City: Kent State: Zip Code: 98374			
Phone: (253) 796-5835	Mail Address: dgarner@hermanson.com			
Employee Information				
Number of Existing Employees:	0			
Number of New Employees:	2			
Total Number of Employees:				
Hours Worked by Existing Employees:	96			
Hours Worked by New Employees:	0			
Total Hours Worked by Employees:	96			
Wages Paid to Existing Employees:	\$15,989.00			
Wages Paid to New Employees:	\$0.00			
Total Wages Paid to Employees:	\$15,989.00			
Preparation/Certification Information				
I, the undersigned, hereby certify that the information presented in this report is correct and complete.				
Prepared & Certified By: (Signature) Date: 2-72-7010				
Title:	Date: 2-72-7010 Date: 2-72-7010			
Reviewed & Certified By (Signature) Title:	Kathy Dickinson, Payroll Manager Date: 2-22-10			
\$				

Contract Information Project Title: **Maple Leaf Reservoir** Contract No: Federal-Aid No.: Award Amount: Begin Const. Date: County: SR No Beg MP End MP Reporting Period 11/01/2009 From Date: To Date: 11/30/2009 **Contractor Information** Firm Name: Hermanson Company, LLP 1221 2nd Ave N City: Address: State: Zip Code: 98374 Kent Phone: (253) 796-5835 Mail Address: dgarner@hermanson.com **Employee Information** Number of Existing Employees: Number of New Employees: Total Number of Employees: 144 Hours Worked by Existing Employees: 0 Hours Worked by New Employees: 144 Total Hours Worked by Employees: \$6,378.00 Wages Paid to Existing Employees: \$0.00 Wages Paid to New Employees: \$6,378.00 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Date: 7 Dale W. Garner, Assistant Controller

Kathy Dickinson, Payroll Manager

Reviewed & Certified By (Signature)

Title:

Date:

2-22-10

Contract Information Contract No: Project Title: Maple Leaf Reservoir Federal-Aid No .: Award Amount: Begin Const. Date: County: Beg MP End MP SR No Reporting Period 01/01/2010 01/31/2010 From Date: To Date: **Contractor Information** Firm Name: Hermanson Company, LLP 1221 2nd Ave N City: Address: Kent State: Zip Code: 98374 Phone: (253) 796-5835 Mail Address: dgarner@hermanson.com **Employee Information** Number of Existing Employees: 2 Number of New Employees: Total Number of Employees: Hours Worked by Existing Employees: 96 Hours Worked by New Employees: -398 Total Hours Worked by Employees: \$25,040.00 Wages Paid to Existing Employees: \$13,040.00 Wages Paid to New Employees: \$28,080.00 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Date: Prepared & Certified By: (Signature) Dale W. Garner, Assistant Controller Date: 2-22-10 Reviewed & Certified By (Signature)

Kathy Dickinson, Payroll Manager

Contract Information						
Contract No: PW 2009-020 Project Title: Se	attle Reservoir Burying Program-Maple Leaf Reservoir					
Federal-Aid No.: N/A Award Amoun	t: \$29,996,992.83 Begin Const. Date: 09/08/2009					
County: King SR No	N/A Beg MP End MP					
Reporting Period						
From Date: 11/01/2009	To Date: 11/30/2009					
Contractor Information						
Firm Name:	Hos Bros. Construction, Inc.					
Address: 7733 W. Bostian Rd. City:	Woodinville State: Zip Code: 98072					
Phone: (425) 481-5569 Mail Ad	dress: PO Box 1788 Woodinville, WA 98072					
Employee Information						
Number of Existing Employees: 53						
Number of New Employees:						
Total Number of Employees: 53						
Hours Worked by Existing Employees: 2324.	55					
Hours Worked by New Employees: 0						
Total Hours Worked by Employees: 2324.	55					
Wages Paid to Existing Employees: \$1	58,912.30					
Wages Paid to New Employees:	\$0.00					
Total Wages Paid to Employees: \$15	58,912.30					
Preparation/Certification Information						
I, the undersigned, hereby certify that the inf	ormation presented in this report is correct and complete.					
Prepared & Certified By: (Signature)	Date: 02/19/2010					
Title:	roject Engineer					
Reviewed & Certified By (Signature)	Date:					
Title: LASo	RER					

Contract Information 2009 - 020 Project Title: Maple Leaf Rosevoir Federal-Aid No.: Award Amount: Begin Const. Date: 11/18/2009 King County: SR No Beg MP End MP Reporting Period To Date: 1/30/2010 From Date: 12/27/2009 Contractor Information Firm Name: Bobby Wolford Trucking 4 Demolition Address: City: 22014 W. Bostran Rd State: W4 Zip Code: Woodinville 98072 Phone: 425-481-1800 Mail Address: same **Employee Information** Number of Existing Employees: RECEIVED Number of New Employees: 0 FEB 1 1 2010 Total Number of Employees: HOS BROS. CONSTRUCTION Hours Worked by Existing Employees: 1.50 Hours Worked by New Employees: 0 0 Total Hours Worked by Employees: Wages Paid to Existing Employees: \$ 51.71 Wages Paid to New Employees: \$0.00 Total Wages Paid to Employees:

Preparation/Certification Information

I, the undersigned, hereby certify that the information presented in this report is co	rrect and complete.
Prepared & Certified By: (Signature) Buttur Sturius	Date: 2/10/2010
Title: Parroll Manager	
Reviewed & Certified By (Signature)	Date: 2/10/2010
Title: Asst Daspatcher	

Contract No: PW 2009-020 Project Title: Sea	attle Reservoir Burying Program-Maple Leaf Reservoir
Federal-Aid No.: N/A Award Amount	t: \$29,996,992.83 Begin Const. Date: 09/08/2009
County: King SR No	N/A Beg MP End MP
Rep	porting Period
From Date: 10/01/2009	To Date: 10/31/2009
Contractor Information	
Firm Name:	Hos Bros. Construction, Inc.
Address: 7733 W. Bostian Rd. City:	Woodinville State: Zip Code: 98072
Phone: (425) 481-5569 Mail Add	dress: PO Box 1788 Woodinville, WA 98072
Employee Information	
Number of Existing Employees: 41	
Number of New Employees: 0	
Total Number of Employees: 41	
Hours Worked by Existing Employees: 1321.8	35
Hours Worked by New Employees: 0	
Total Hours Worked by Employees: 1321.8	35
Wages Paid to Existing Employees: \$12	22,147.04
Wages Paid to New Employees:	\$0.00
Total Wages Paid to Employees: \$12	2,147.04
Preparation/Certification Information	
I, the undersigned, hereby certify that the info	ormation presented in this report is correct and complete.
Prepared & Certified By: (Signature)	Date: 02/19/2010
Title:	roject Engineer
Reviewed & Certified By (Signature)	Date:
Title:	BOLER

Firm Name: Bobby Wolford Trucking & Demolition Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 9807 Phone: (425) 481-1800 Mail Address: same	
County: King SR No Beg MP End MP Reporting Period From Date: 11/15/2009 To Date: 11/28/2009 Contractor Information Firm Name: Bobby Wolford Trucking & Demolition Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 9807 Phone: (425) 481-1800 Mail Address: same	
Reporting Period From Date: 11/15/2009 To Date: 11/28/2009 Contractor Information Firm Name: Bobby Wolford Trucking & Demolition Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 9807 Phone: (425) 481-1800 Mail Address: same	'2
From Date: 11/15/2009 To Date: 11/28/2009 Contractor Information Firm Name: Bobby Wolford Trucking & Demolition Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 9807 Phone: (425) 481-1800 Mail Address: same	'2
From Date: 11/15/2009 To Date: 11/28/2009 Contractor Information Firm Name: Bobby Wolford Trucking & Demolition Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 9807 Phone: (425) 481-1800 Mail Address: same	
Firm Name: Bobby Wolford Trucking & Demolition Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 9807 Phone: (425) 481-1800 Mail Address: same Employee Information	'2
Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 9807 Phone: (425) 481-1800 Mail Address: same Employee Information	72
Phone: (425) 481-1800 Mail Address: same Employee Information	72
Employee Information	
Number of Existing Employees: 2	
Number of New Employees: 0	
Total Number of Employees:	
Hours Worked by Existing Employees: 12.75	
Hours Worked by New Employees:	
Total Hours Worked by Employees: 12.75	
Wages Paid to Existing Employees: \$393.21	
Wages Paid to New Employees: \$0.00	
Total Wages Paid to Employees: \$393.21	
reparation/Certification Information	
I, the undersigned, hereby certify that the information presented in this report is correct and complete.	
Prepared & Certified By: (Signature) Date: 01/15/20	10
Title: Payroll Manager	
Reviewed & Certified By (Signature) Date: 01/15/20	0
Title: Asst. Dispatcher	

Contract No: 2009-020 Project Title: Maple Leaf Resevoir						
Federal-Aid No.:	ward Amount:		Begin Const. Dat	e: 11/18/2009		
County: King S	R No	Beg MP	End M	Р		
Reporting Period						
From Date: 11	/ 29/2009 To	Date: 12/26/	/2009			
Contractor Information						
Firm Name:	Bobby Wolf	ford Trucking & Der	molition			
Address: 22014 W. Bostian Rd	City:	Woodinville	State: Zip Co	de: 98072		
Phone: (425) 481-1800	Mail Address:	······································	same]		
Employee Information						
Number of Existing Employees:	0					
Number of New Employees:	0					
Total Number of Employees:	0					
Hours Worked by Existing Employees:	0					
Hours Worked by New Employees:	0					
Total Hours Worked by Employees:	0					
Wages Paid to Existing Employees:	\$0.00					
Wages Paid to New Employees:	\$0.00					
Total Wages Paid to Employees:	\$0.00					
reparation/Certification Information						
I, the undersigned, hereby certifyt				d complete.		
Prepared & Certified By: (Signature)	Jabara D	twenton	Date:	01/15/2010		
Title:	Payroll N	lanager				
Reviewed & Certified By (Signature)	2/1/2		Date:	01/15/2010		
Title:	ASST. DIS	patcher				